APPLICATION FOR ELECTION JUDGE **APPOINTMENT**

Print First Nan	ne:			
Print Middle N	ame:			
Print Last Nam	e:			
Address:				
City	State_	Zi	ip	
Home Phone:	()			_
Work Phone:	()			_
Cell Phone:	()			_
Email:				
Date of Birth:_				
Political Party	Affiliation:			
Signature and I	Date:			
Return this for	m to: Election Judges D	enartment F	Renton Offic	e Ridg Room 12

Baltimore City Election Judges Department Benton Office Bldg. Room 129 417 E. Fayette Street

Baltimore, MD 21202

Or email it to election.judge@baltimorecity.gov